

NHSC Provider Recognition Program
Length of Service Awards
Cover Sheet

Candidate's Name: _____

Social Security # _____

Name of Award:

- _____ NHSC Exceptional Service Award (5 Years)
- _____ NHSC Exceptional Service Award (10 Years)
- _____ NHSC Exceptional Service Award (15 Years)
- _____ NHSC Honorary Service Award (20+ Years)

Profession:

- _____ Physician: Specialty: _____
- _____ Nurse Practitioner: Specialty: _____
- _____ Certified Nurse Midwife
- _____ Physician Assistant
- _____ Dentist
- _____ Dental Hygienist
- _____ Mental Health Provider
 - _____ Clinical Psychologist
 - _____ Clinical Social Worker
 - _____ Psychiatric Nurse Specialist
 - _____ Marriage and Family Therapist

- Affiliation:
- _____ NHSC Scholarship Recipient
 - _____ NHSC Loan Repayment Recipient
 - _____ Community Scholarship Program Recipient
 - _____ State Loan Repayment Program Recipient

Position Title: _____

Work Address: _____

Proposed Citation: _____
(25 words or less) _____

Nominated By: _____ Date: _____

Nominator's Title: _____

Address: _____

Phone Number: _____ Fax Number: _____

Nominator's Signature: _____ Date: _____

NHSC Provider Recognition Program Length of Service Award

Nomination Form

Candidate's Name: _____

Social Security Number: _____

Original Site: (Name and Address of site where provider completed his/her service obligation).

Dates of Service: _____ to _____

Second Site: _____

Dates of Service: _____ to _____

Third Site: _____

Dates of Service: _____ to _____

Fourth Site: _____

Dates of Service: _____ to _____

Total Years of Service: _____

Please note: Total years of service must include years of service commitment.

Fax to Ralph Rack 301-594-4077 or

Mail to NHSC/PSB

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